

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033197

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 280 Primary Registration District No. 5964 Registrar's No. 49

FILED SEP 5 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|----------------------------------|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY JACKSON Platte | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California b. COUNTY Los Angeles | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) 1 1/2 miles West of Parkville, Missouri | | c. CITY OR TOWN Long Beach | |
| c. FULL NAME OF (If NOT in hospital, give location) East bank of Missouri River | | d. STREET ADDRESS (If outside, give location) 1215 Virginia Court | |
| 3. NAME OF DECEASED (Type or print) First Philip Middle N. Last GAGE | | 4. DATE OF DEATH Month August Day 21 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11-4-1903 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown | | 10b. KIND OF BUSINESS OR INDUSTRY Unknown | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) Yes 1925-1931 | | 16. SOCIAL SECURITY NO. [REDACTED] | |
| 18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation DUE TO (b) Laryngeal Spasm DUE TO (c) [REDACTED] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) [REDACTED] | | 14. NAME OF HUSBAND OR WIFE None 17. INFORMANT Address Wadsworth, Kansas. V. A. Hospital Records, Kansas. | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No | |
| 20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. [REDACTED] | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) [REDACTED] | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) [REDACTED] | |
| 20f. CITY, TOWN, OR LOCATION Wadsworth, Kansas | | 20g. COUNTY Platte | |
| 20h. STATE Kansas | | 20i. CITY, TOWN, OR LOCATION Wadsworth, Kansas | |
| 20j. COUNTY Platte | | 20k. STATE Kansas | |
| 21. I attended the deceased from 5:10 P.M. to 5:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at [REDACTED] on the date stated above, and to the best of my knowledge, from the causes stated. | | 22. ADDRESS County Coroner, Platte City, Missouri | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 8-21-63 | |
| 23c. NAME OF CEMETERY OR CREMATORY V. A. Cemetery | | 23d. LOCATION (City, town, or county) Wadsworth, Kansas | |
| 24. FUNERAL DIRECTOR SUMPTER FUNERAL CHAPEL | | 25. DATE RECD. BY LOCAL REG. Aug 21, 1963 | |
| 26. REGISTRAR'S SIGNATURE W. A. Collins | | 27. DATE SIGNED 8-21-63 | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. L. L. L.

Licensed Embalmer No. 39621

P. O. Address Leavenworth, Ks.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.